

Indiana First Steps Early Intervention System Provider Update Newsletter May 2007 Volume 1, Issue 3



Re-authorization of IDEA 2004

Information is now available on the proposed rules relating to the re-authorization of IDEA 2004. You can find it at http://idea.ed.gov/. Do not print unless you have lots of ink and paper, it is 441 pages long.

The Federal government is holding hearings around the country and Indianapolis will be hosting one on June 11, 2006 at the Government Center South Auditorium from 4:00 pm to 7:30 pm.

AEPS Training

We have started offering the 2 day training for the AEPS for all providers. If you are interested in attending this training, please contact UTS at training@utsprokids.org. This is a great way to learn about the AEPS if you are interested in using it for ongoing programming. Plus, you will get credentialing points. The next training is August 9 & 10 in Indianapolis.

Provider Meetings

The 2007 mandatory Provider Meetings are currently underway. You must attend one of the meetings. Ongoing providers are to attend the provider meeting. This will give all ongoing providers an overview of the AEPS. Eligibility Determination Team members are to attend the specific EDT Provider Meetings. If you are on an ED Team and also provide ongoing services, please attend the EDT Provider Meeting. If you have not registered yet, contact UTS at training@utsprokids.org. If you cannot attend one of the meetings in or near your cluster, you must attend in another area. The same information is being discussed at each meeting. For a list of all the Provider Meetings go to earlychildhoodmeetingplace@indiana.edu.

Authorization Updates

Many providers continue to inquire as to why the IFSP Development authorization is suspended after the first person is paid. The system has to go through routine checking of the authorization to make sure it is not a duplicate. We are suggesting that when you bill for attendance at an IFSP meeting, that you send that claim individually. If billing for an IFSP meeting is batched with other claims, and it suspends, all other claims will also suspend. To avoid this, make sure you separately bill the IFSP Development authorizations.

Please go onto Web-interchange to look at your authorizations. If you see that you have 2 authorizations for a child, for the same service, during an overlapping time period, please contact the child's Service Coordinator. **For example**, a PT has an authorization for direct therapy for 4-3-07 to 6-2-07 and 5-1-07 to 6-2-07. Because the service (PT direct therapy) is the same in

both authorizations and the dates overlap, the system will have difficulty processing the claim. Therefore, the Service Coordinator for that specific child should immediately send in a correction to the SPOE.

You are a provider who sees a child 1 x per week. When you go to see the child, he falls asleep after 15 minutes. Can you use the rest of the units another time? The answer is yes, as long as the service is provided within the authorized time period. You should go into Web-interchange and do a PA Inquiry to see the dates for authorizations for all your clients. The system will allow you to use all the units as long as they are within the authorized time frame. However, if you exceed the total authorized units for that individual child, your billing will be cut back to the units remaining on the authorization for that time period.

When scheduling visits, it is important for you to check the dates of the authorizations. This is especially important when providing services on a "monthly basis" as the authorization for the month will correspond with the authorization start date, not the calendar month.

Best Practices

We are beginning to pull together information to develop best practice guidelines for evaluation activities and eligibility determination. We may be asking for input from providers in the near future as we develop this document. When it is complete, you will be able to find it on the First Steps website. We will also announce it in a future Provider Update Newsletter.

Thank You!!

A big Thank you goes out to all the providers who took the time to fill out the surveys on the website for their clusters. We got excellent information from these and will use the information to continue to improve services to families.

ICC Workgroup

An ICC Workgroup on Provider Recruitment has been developed to brainstorm on what we can do to make being a First Steps Provider more appealing. We have had two meetings and shared lots of ideas of what all the clusters are doing to recruit new providers. All clusters and disciplines were represented.

Place of Service Codes

Effective July 1, 2007 there will be specific Place of Service Codes that which, if submitted on a claim, will cause the claim to deny.

If any of the Place of Service Codes listed below are submitted on the claim, the claim will DENY for Error Code 4036 – Procedure vs. Place of Serve Code Restriction.

The Place of Service Codes which will cause claim denials beginning July 1, 2007 are:

Place of Service Code	Place of Service Code Description
01 - 02	Unassigned
05	Indian Health Service Freestanding Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Freestanding Facility
08	Tribal 638 Provider-based Facility
09 - 10	Unassigned
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16-19	Unassigned
20	Urgent Care Facility
23	Emergency Room-Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27-30	Unassigned
35-40	Unassigned
41	Ambulance - Land
42	Ambulance - Air or Water
43-48	Unassigned
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospitalization
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
58-59	Unassigned
60	Mass immunization Center
53-64	Unassigned
65	End-Stage Renal Disease Treatment Facility
66-70	Unassigned
73-80	Unassigned
81	Independent Laboratory
82-94	Unassigned
98	Unassigned
99	Other Place of Service

If a claim denies due to the place of service code, the provider may resubmit the claim using the original ICN, correcting the place of service code to an approved location that accurately reflects the location in which the service was provided.